

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

CV 13

ORIGINAL

5142

JURY TRIAL DEMAND

ROSEMARY CHINYE

OKOLIE TORIOLA

COMPLAINT

GLEESON, J.

NAME OF PLAINTIFF(S)

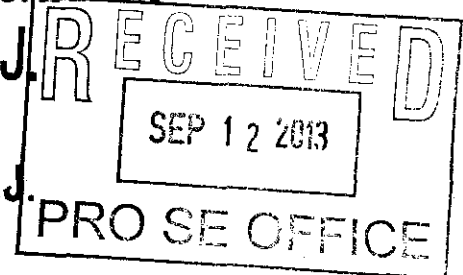
F.T.C. SECURITY  
SERVICES INC.

ORENSTEIN, M.J.

29

AND MR JOE "DOE" D. EP. NIGHT SHIFT SUPERVISOR

NAME OF DEFENDANT(S)



This action is brought for discrimination in employment pursuant to (check only those that apply):

☒

Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (amended in 1972, 1978 and by the Civil Rights Act of 1991, Pub. L. No. 102-166) (race, color, gender, religion, national origin).

**NOTE:** In order to bring a suit in federal district court under Title VII, you must first obtain a right to sue letter from the Equal Employment Opportunity Commission.

☐

Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 - 634 (amended in 1984, 1990, and by the Age Discrimination in Employment Amendments of 1986, Pub. L. No. 92-592, the Civil Rights Act of 1991, Pub. L. No. 102-166).

**NOTE:** In order to bring a suit in federal district court under the Age Discrimination in Employment Act, you must first file charges with the Equal Employment Opportunity Commission.

☐

Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 - 12117 (amended by the ADA Amendments Act of 2008, Pub. L. No. 110-325 and the Civil Rights Act of 1991, Pub. L. No. 102-166).

**NOTE:** In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a right to sue letter from the Equal Employment Opportunity Commission.

Jurisdiction is specifically conferred upon this United States District Court by the  
 aforementioned statutes, as well as 28 U.S.C. §§ 1331, 1343. Jurisdiction may also be  
 appropriate under 42 U.S.C. §§ 1981, 1983 and 1985(3), as amended by the Civil Rights Act of  
 1991, Pub. L. No. 102-166, and any related claims under New York law.

1. Plaintiff resides at: PRIMARY ADDRESS IS 98-15 HORACE  
 HARDING EXPY. APT. 54 CORONA N.Y. 11368. WITH  
 MRS THERESA OGOLI OKOLIE, SINCE OCT. 27, 2008.  
 TEMPORARY ADDRESS: #163-18, 108 AVE, APT. 2F  
 JAMAICA Street Address

QUEENS, N.Y., 11433, 347-444-2099  
 County State Zip Code Telephone Number

PLAINTIFF MAILING ADDRESS: 253-15 80th AVENUE  
 SUITE 211 FLORA PARK N.Y. 11004.  
 2. Defendant(s) resides at, or its business is located at: BUSINESS LOCATED  
 AT 275 JERICHO TURNPIKE FLORAL  
 PARK, N.Y.

Street Address

QUEENS, N.Y., N.Y., 11001  
 County City State Zip Code

3. The address at which I sought employment or was employed by the defendant(s) is:  
 F.J.C. SECURITY SERVICES #33-10  
 QUEENS BLVD.

Street Address

QUEENS, L.I.C., N.Y.,  
 County City State Zip Code

4. The discriminatory conduct of which I complain in this action includes  
(check only those that apply).

☐ Failure to hire.

☐ Termination of my employment.

☐ Failure to promote.

☒ Failure to accommodate my disability.

☐ Unequal terms and conditions of my employment.

☒ Retaliation

Other acts (specify):

NOTE:

Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court.

5. It is my best recollection that the alleged discriminatory acts occurred on:

Date(s)

6. I believe that the defendant(s) (check one)

☐ is still committing these acts against me.

☒ is not still committing these acts against me.

7. Defendant(s) discriminated against me based on my:  
(check only those that apply and state the basis for discrimination, for example,  
what is your religion, if religious discrimination is alleged)

☒ race ☒ color

☐ gender/sex ☐ religion

☒ national origin

☒ disability

☐ age. If age is checked, answer the following:

I was born in \_\_\_\_\_. At the time(s) defendant(s) discriminated against me,  
Year

I was ☐ more ☐ less than 40 years old. (check one).

**NOTE:** Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court.

8. The facts of my case are as follows: PLAIN TIFF ROSEMARY CHINYE OKOLIE TORIOLA WAS EMPLOYED BY FJL ON OR ABOUT JUNE 17, 2004. MY POSITION IS AM A SECURITY OFFICER. MY JOB SITE IS DEP. 29 LOCATED AT ROOSEVELT ISLAND CURRENT. PRIOR LOCATION: DEP. TO GET ADDITIONAL FACT OF MY CASE: SEE ATTACHED ADDITIONAL SHEETS OF WHAT HAPPENED ON JUNE 18<sup>th</sup>, 2013 AND JUNE 2<sup>nd</sup>, 2013. A COPY OF THE CHARGE FILED WITH THE EEOC IS ANNEXED TOTAL OF 9 PAGES  
(Attach additional sheets as necessary)

**NOTE:** As additional support for your claim, you may attach to this complaint a copy of the charge filed with the Equal Employment Opportunity Commission, the New York State Division of Human Rights, or the New York City Commission on Human Rights.

9. It is my best recollection that I filed a charge with the New York State Division of Human Rights or the New York City Commission on Human Rights regarding defendant's alleged discriminatory conduct on: N/A.  
Date
10. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission regarding defendant's alleged discriminatory conduct on: \_\_\_\_\_  
Date

**Only litigants alleging age discrimination must answer Question #11.**

11. Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding defendant's alleged discriminatory conduct (*check one*):

\_\_\_\_\_ 60 days or more have elapsed.  
\_\_\_\_\_ less than 60 days have elapsed.

12. The Equal Employment Opportunity Commission (*check one*):

\_\_\_\_\_ has not issued a Right to Sue letter.  
☒ has issued a Right to Sue letter, which I  
received on JUNE 16, 2013  
Date

**NOTE:** Attach a copy of the Right to Sue Letter from the Equal Employment Opportunity Commission to this complaint.

WHEREFORE, plaintiff prays that the Court grant such relief as may be appropriate, including injunctive orders, damages, pre-judgment interest, costs, and attorney's fees.

Dated: SEPTEMBER 9<sup>th</sup>, 2013

12 R.C.O.T

PLAINTIFF'S SIGNATURE

Rosemary Chinye Okolie Tonola  
ROSEMARY CHINYE OKOLIE TONOLA  
WHOSE MAILING ADDRESS IS  
#253-15 80TH AVENUE, SUITE  
211 FLORA PARK, N.J. 11004

Address

CELL PHONE # 374-444-2099  
Phone Number



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION**  
**New York District Office**

33 Whitehall Street, 5<sup>th</sup> Floor  
New York, NY 10004-2112  
For General Information: (800) 669-4000  
TTY: (800)-669-6820  
District Office: (212) 336-3620  
General FAX: (212) 336-3625

Ms. Rosemary Toriola Okolie  
163-18 108 Avenue  
Apt. 2f  
Jamaica, NY 11433

Re: EEOC Charge No. 520-2013-02071  
Rosemary Toriola Okolie v. FJC Security Services Inc.

Dear Ms. Toriola Okolie,

The Equal Employment Opportunity Commission (hereinafter referred to as the "Commission") has reviewed the above-referenced charge according to our charge prioritization procedures. These procedures, which are based on a reallocation of the Commission's staff resources, apply to all open charges in our inventory and call for us to focus our limited resources on those cases that are most likely to result in findings of violations of the laws we enforce.

In accordance with these procedures, we have examined your charge based upon the information and evidence you submitted. You allege you were discriminated against because of your race, color, and retaliation, in violation of Title VII of the Civil Rights Act of 1964, as amended.

Your allegations have been analyzed. Based upon this analysis the Commission is unable to conclude that the information establishes a violation of Federal law on the part of Respondent. This does not certify that Respondent is in compliance with the statutes. No finding is made as to any other issue that might be construed as having been raised by this charge.

The Commission's processing of this charge has been concluded. Included with this letter is your Notice of Dismissal and Right to Sue. Following this dismissal, you may only pursue this matter by filing suit against the Respondent named in the charge within 90 days of receipt of said notice. Otherwise, your right to sue will be lost.

Please contact Investigator Emily Haimowitz at 212-336-3759 if you have any questions.

Sincerely,

 for  
Kevin J. Berry  
District Director

6/7/2013  
Date

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

**DISMISSAL AND NOTICE OF RIGHTS**

To: **Rosemary Toriola Okolie**  
**163-18 108 Avenue**  
**Apt. 2f**  
**Jamaica, NY 11433**

From: **New York District Office**  
**33 Whitehall Street**  
**5th Floor**  
**New York, NY 10004**



On behalf of person(s) aggrieved whose identity is  
**CONFIDENTIAL (29 CFR §1601.7(a))**

EEOC Charge No.

EEOC Representative

Telephone No.

**520-2013-02071**

**Emily F. Haimowitz,**  
**Investigator**

**(212) 336-3759****THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

**- NOTICE OF SUIT RIGHTS -**

(See the additional information attached to this form.)

**Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

*Kevin Berry*

**Kevin J. Berry,**  
**District Director**

07/2013

(Date Mailed)

Enclosures(s)

cc:

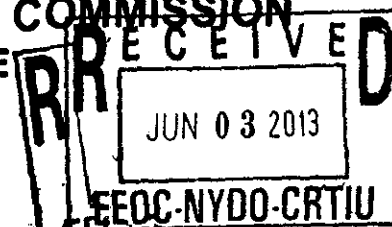
**Stephen Weisenholz**  
**VP of HR & Compliance**  
**FJC SECURITY SERVICES INC.**  
**275 Jericho Turnpike**  
**Floral Park, NY 11001**

# U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

New York District Office - INTAKE

33 Whitehall Street, 5<sup>th</sup> Floor

New York, NY 10004



This agency enforces the laws against discrimination in employment based on race, color, religion, national origin, age, sex, disability, or genetic information. The event you are complaining about must have occurred within a maximum of 300 days of the filing of a charge. Our jurisdiction covers public and private employers with 15 or more employees (20 or more employees for age complaints), labor unions, and employment agencies located in New York State south of Albany. If you work for the Federal Government, you must first contact your agency's Equal Employment Office in order to file a complaint.

To better serve your interest and avoid delays in processing your complaint, please answer the following questions:

NAME: ROSEMARY TORIOLA CHINYE OIKOLIE

TEL. NO. WHERE WE CAN CONTACT YOU: 347-444-2099

A. What was the Latest or Most Recent Date of discrimination which you are alleging?

JUNE 1<sup>ST</sup> 2013 AND JUNE 2<sup>ND</sup>, 2013

B. Does your employer have fewer than 15 employees (20 for age complaints)?

Yes ☐ No ☒ How many employees? SO MANY

C. Have you filed a complaint with another agency (such as the New York State Division of Human Rights or the New York City Commission on Human Rights)?

Yes ☐ No ☒

If Yes, Name of agency and date of filing:

D. Do you work for a Federal Government Agency (Such as the U.S. Postal Service)?

Yes ☐ No ☒

\*\*\*IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE SEE THE RECEPTIONIST, AS THE EEOC MAY NOT HAVE JURISDICTION OVER YOUR CLAIMS

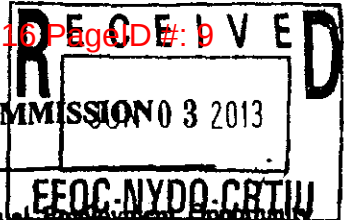
If you answered NO to the above questions, please fill out the questionnaire and return it to the receptionist, who will give you further instructions about our procedures.

see Attached Letter I wrote  
to the U.S. EEOC, dated June 3<sup>rd</sup>, 2012  
To whom it may concern





# U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION INTAKE QUESTIONNAIRE



Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). REMEMBER, a charge of employment discrimination must be filed within the time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. Answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

## 1. Personal Information

Last Name: TORIOLA OKOLIE First Name: ROSEMARY MR. CHINXE  
Street or Mailing Address: 40 TITUS A TORIOLA 163-18 108 Ave Apt or Unit #: 2F  
City: JAMAICA County: QUEENS State: NY Zip: 11433  
Phone Numbers: Home: (347) 444-2099 Work: ( )  
Cell: (347) 444-2099 Email Address:   
Date of Birth: 2-15-55 Sex: ☐ Male ☒ Female Do You Have a Disability? ☐ Yes ☒ No

Please answer each of the next three questions. i. Are you Hispanic or Latino? ☐ Yes ☒ No

ii. What is your Race? Please choose all that apply. ☐ American Indian or Alaskan Native ☐ Asian ☐ White  
☒ Black or African American ☐ Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? NIGERIA WEST AFRICA

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: TITUS A. TORIOLA Relationship: HUSBAND  
Address: 163-18 108 AVE APT. 2F City: JAMAICA State: N.Y. Zip Code: 11433  
Home Phone: (646) 271-5493 Other Phone: ( ) NONE

## 2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

☒ Employer ☐ Union ☐ Employment Agency ☒ Other (Please Specify) MY SUPERVISOR MR JOE DOE

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: J.F.C.  
Address: # 33-10 County: Queens Blvd.  
City: QUEENS State: NY Zip:  Phone: (212) 485-0610  
Type of Business: SECURITY Agency Job Location if different from Org. Address: DEP. 29 Roosevelt Island  
Human Resources Director or Owner Name:  Phone: ( )

Number of Employees in the Organization at All Locations: Please Check ( ) One

☐ Fewer Than 15 ☐ 15 - 100 ☐ 101 - 200 ☐ 201 - 500 ☒ More than 500

## 3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? ☐ Yes ☒ No

Date Hired: JUNE 17, 2004 Job Title At Hire: SECURITY OFFICER  
Pay Rate When Hired: ABOUT \$9.00 PER HOUR Last or Current Pay Rate: \$14+  
Job Title at Time of Alleged Discrimination: SECURITY OFFICER Date Quit/Discharged: N/A  
Name and Title of Immediate Supervisor: MR JOE MR MARIO SUPERVISOR

If Job Applicant, Date You Applied for Job \_\_\_\_\_ Job Title Applied For \_\_\_\_\_

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

☒ Race ☐ Sex ☐ Age ☐ Disability ☒ National Origin ☐ Religion ☒ Retaliation ☐ Pregnancy ☒ Color (typically a difference in skin shade within the same race) ☐ Genetic Information; circle which type(s) of genetic information is involved: i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: HE SAID "I CAN'T STAND YOU STUPID AFRICAN IMMIGRANTS"

If you checked genetic information, how did the employer obtain the genetic information? \_\_\_\_\_

Other reason (basis) for discrimination (Explain): I being treated differently

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.  
(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A. Date: June 1<sup>st</sup> 13 Action: HE SAID "I CAN'T STAND YOU STUPID AFRICAN IMMIGRANTS"

Name and Title of Person(s) Responsible: MR JOE "DOE"

B. Date: June 2, 2013 Action: HE wrote ME UP Improperly willfully, Intentionally with malice

Name and Title of Person(s) Responsible: MR JOE "DOE"

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

I believe these actions were discriminatory because HE CALLED NAME: "I CAN'T STAND YOU STUPID AFRICAN IMMIGRANTS"

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated better than you?

Full Name	Race, sex, age, national origin, religion or disability	Job Title	Description of Treatment
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A. \_\_\_\_\_

B. \_\_\_\_\_

Of the persons in the same or similar situation as you, who was treated *worse* than you?

Full Name	Race, sex, age, national origin, religion or disability	Job Title	Description of Treatment
-----------	---	-----------	--------------------------

A. \_\_\_\_\_

B. \_\_\_\_\_

Of the persons in the same or similar situation as you, who was treated the *same* as you?

Full Name	Race, sex, age, national origin, religion or disability	Job Title	Description of Treatment
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A. \_\_\_\_\_

B. \_\_\_\_\_

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- ☐ Yes, I have a disability  
☐ I do not have a disability now but I did have one  
☐ No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

☐ Yes ☐ No

If "Yes," what medication, medical equipment or other assistance do you use?

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

☐ Yes ☐ No

If "Yes," when did you ask? \_\_\_\_\_ How did you ask (verbally or in writing)? \_\_\_\_\_

Who did you ask? (Provide full name and job title of person)

Describe the changes or assistance that you asked for: \_\_\_\_\_

How did your employer respond to your request? \_\_\_\_\_

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

Full Name	Job Title	Address & Phone Number	What do you believe this person will tell us?
A. MR Tommy "DOC" DOE	DEP. 29.	344-	He will Tell you what happened on June 27, 2013 at DEP. 29.
B.			

14. Have you filed a charge previously on this matter with the EEOC or another agency? ☐ Yes ☒ No

15. If you filed a complaint with another agency, provide the name of agency and the date of filing: \_\_\_\_\_

16. Have you sought help about this situation from a union, an attorney, or any other source? ☐ Yes ☒ No  
Provide name of organization, name of person you spoke with and date of contact. Results, if any? \_\_\_\_\_

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

**BOX 1** \_\_\_\_\_ I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

**BOX 2** \_\_\_\_\_ I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.

Rosemary Chingelkolie-Toniok  
Signature

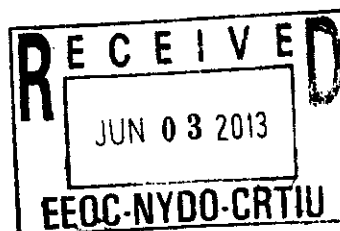
June 3rd, 2013  
Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

- 1) FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08). 2) AUTHORITY. 42 USC § 2000e-5(b), 29 USC § 211, 29 USC § 626, 42 USC § 12117(a), 42 USC § 2000f-6.
- 3) PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
- 4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
- 5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.

MATCHING ADDRESS:

Rosemary Chinye Okolie Toriola  
c/o MR TITUS A. TORIOLA  
NO. 163-18 108 AVE  
APT. 2F JAMAICA N.Y.  
11433 JUNE 3rd, 2013



TO, (U.S.A. EEOC) U.S. EQUAL EMPLOYMENT OPPORTUNITIES  
COMMISSION, NEW YORK DISTRICT OFFICE  
NO. 33 WHITEHALL STREET, 5th FLOOR  
NEW YORK, N.Y. 10004

To whom it may concern,

This letter is to complain about repeated harassments and intimidations I received at a D.E.P. site by a representative and supervisor of D.E.P named Mr. Joe "Doe". I work at D.E.P. as a security officer at the D.E.P. 29.

Specifically, on June 1, 2013, between 3AM-4AM, I saw the supervisor approach the gate and I went to present him with the log book and time sheet for his signature as I usually do when I see him approach the gate. The supervisor then decided to dress me down about my tie. After that, I left. While I was heading back to my post, the supervisor called me back and said he wanted to ask me a question and that if I didn't ~~his~~ answer he would write me up. He asked me how many years have I been working at D.E.P.? I reminding him that he had asked me the question before. He said he remembered that I said 10 years. Then he said, "I will write you up for not answering the question". I told him right there he was harassing and threatening me and that I will report him because he cannot continue to harass me. I told him I was college graduate and a mother of three and I did not understand why he was harassing me. That's when he said "I can't stand you stupid African immigrants". I replied him to never say that to me again, that I was an American citizen and his racist verbal abuse would be reported. I told ~~me~~ <sup>him</sup> I would also sue him. When I got back to my post, I contacted the dispatcher, Mrs. Howard and logged a complaint about Mr. Joe's continued harassment and his racist words against me. Mrs. Howard notified me that she had notified Mr. Joe of the complaint I had made against him.

June 3, 2013

Page 2

The next day, on June 2, 2013 about 12:00AM-12:15, in the presence of another security officer, Mr. Tommy, I was harassed and mocked again when I ~~went to present him with~~ <sup>ARRIVED AT WORK</sup> the log <sup>books</sup> and time sheet <sup>to sign at the gate</sup>. After he signed the documents, as I walked back to my post that when Mr. Joe screamed at me saying to come back and "open the fucking gate". I refused to answer him and continued to my post. About 3 hours later I was approached by 2 male supervisor and told me they wanted ~~me to go home~~ <sup>on June 2nd</sup>. One of the supervisor, Mr. Mario drove me home. <sup>by ORDER OF MS-MOLEAY</sup> <sup>Directing approach</sup> on June 2nd 2013 at about 4 a.m.

Sincerely,

Rosemary Chinye Okolie Toriola.

Rosemary Chinye Okolie Toriola

June 3rd, 2013

C. C.

ORIGINAL

AO 240 (Rev. 07/10) A

CV 13

5142

Proceed in District Court Without Prepaying Fees or Costs (Short Form)

## UNITED STATES DISTRICT COURT

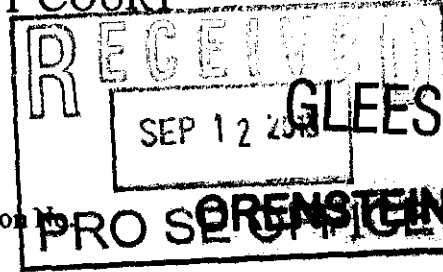
for the

ROSEMARY CHINESE COLISTORINA  
Plaintiff/Petitioner

v.

F.J.C. SECURITY SERVICES AND  
MR. JOE DOE  
Defendant/Respondent

Civil Action No.

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS  
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. If incarcerated. I am being held at: N/A

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. If not incarcerated. If I am employed, my employer's name and address are:

F.J.C. SECURITY SERVICES

My gross pay or wages are: \$ \$ 200+, and my take-home pay or wages are: \$ 15.00 per

(specify pay period)

weekly pay period every FRIDAY. BUT I HAVE NOT  
WORKED FOR 12 weeks because I am sick.

3. Other Income. In the past 12 months, I have received income from the following sources (check all that apply):

- |  |                              |  |
|--|------------------------------|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts, or inheritances                         | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other sources                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.



AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

4. Amount of money that I have in cash or in a checking or savings account: \$ 0.00

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):

N/A

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):

N/A

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

N/A

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):

N/A

**Declaration:** I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: \_\_\_\_\_

Rosemary Chinye Okolie Toriola  
Applicant's signature

ROSEMARY CHINYE OKOLIE TORIOLA  
Printed name